## ARIZONA FORM 140

## **Resident Personal Income Tax Return**

1997

Mail to: Arizona Department of Revenue, PO Box 29002, Phoenix AZ 85038-9002

| For the year Ja              | anua    | ary 1 - December 31, 1997, or other tax year beginning _         | , 1                        | 1997, and ending |                     |         | 1998.  | 66 |     |
|------------------------------|---------|--|----------------------------|------------------|---------------------|---------|--|----|-----|
| First name and ir            | nitial  | if joint return, also give spouse's name and initial             | Last name                  |                  | Your social securit | y num   | ber  |    | _   |
|                              |         |  | ı                          |                  |                     |         |  |    |     |
| 1                            |         |  |                            |                  |                     | 1       |  |    |     |
| Present home ad              | ddres   | s - number and street, rural route                               | Apt. No. Home telep        | ohone            | Spouse's social se  | ecurity | number   |    |     |
| 2                            |         |  |                            |                  |                     |         |  |    |     |
|                              |         | 0 700  | 94 (                       | )                | F DOD               |         |  |    |     |
| City, town or pos            | t offic | ce State ZIP code  | Daytime telephone          |                  | For DOR use         | only    |  |    |     |
| 3                            |         | )  | , ,                        |                  |                     |         |  |    |     |
|                              | 1       | Manufact Cities a factor was one                                 |                            | ł                |                     |         |  |    |     |
| Filing                       | 4       | Married filing joint return                                      |                            | ł                |                     |         |  |    |     |
| Status                       | 5       | Head of household - name of qualifying dependent :               | 2 1 1                      | -                |                     |         |  |    |     |
|                              |         | Married filing separate return. Enter spouse's social s          | security number above      |                  |                     |         |  |    |     |
| Check<br>one                 | 6       | and full name here.  |                            | 88               |                     |         |  |    |     |
|                              | 7       | Single   |                            |                  |                     |         |  |    |     |
| Exemptions<br>Enter          | 8       | Age 65 or over (you and/or spouse)                               |                            |                  |                     |         |  |    |     |
| number                       | 9       | Blind (you and/or spouse)  |                            | 104              |                     |         |  |    |     |
| claimed                      | 10      | Dependents. From page 2, line A2 - do not include                | self or spouse.            | 81               |                     |         |  |    |     |
| Income                       | 11      | Federal adjusted gross income (from your federal return)         |                            |                  |                     | 11      |  |    | 00  |
|                              | 12      | Additions to income (from page 2, line B9)                       |                            |                  |                     | 12      |  |    | 00  |
|                              | 13      | Medical savings account (MSA) distributions. See page 13         | of the instructions        |                  |                     | 13      |  |    | 00  |
|                              | 14      | Add lines 11, 12 and 13  |                            |                  |                     | 14      |  |    | 00  |
|                              | 15      | Deposits and employer contributions into MSAs. See page          | 14 of the instructions     | 15               | 00                  |         |  |    |     |
|                              | 16      | Elective subtraction of 1997 federal retirement contributions    | s. See instructions        | 16               | 00                  |         |  |    |     |
|                              | 17      | Exemption - Age 65 or over. Multiply number in box 8 by \$2      | 2,100                      | 17               | 00                  |         |  |    |     |
|                              |         | Exemption - Blind. Multiply number in box 9 by \$1,500           |                            |                  | 00                  |         |  |    |     |
|                              |         | Exemption - Dependents. <i>Multiply number in box 10 by \$2,</i> |                            |                  |                     |         |  |    |     |
|                              | ı       | Subtractions from income (from page 2, line C19)                 |                            |                  | 00                  |         |  |    |     |
|                              |         | Total subtractions. <i>Add lines 15 through 20</i>               |                            |                  | 00                  | 21      |  |    |     |
|                              |         | Arizona adjusted gross income. Subtract line 21 from line 1      |                            |                  |                     | 21      | <del>                                     </del> |    | 00  |
|                              | _       |  |                            |                  |                     | 22      |  |    | 00  |
| Figuring                     | ı       | Deductions. Check box and enter amount. 23 I ITEM                |                            |                  | 00                  |         |  |    |     |
| Your Tax                     | ı       | Personal exemptions. See page 15 of the instructions             |                            |                  | 00                  | 2E      |  |    |     |
| Find standard                | ı       | Add lines 23 and 24  |                            |                  |                     | 25      |  |    | 00  |
| deduction                    |         | Arizona taxable income. Subtract line 25 from line 22            |                            |                  |                     | 26      |  |    | 00  |
| amounts on                   |         | Compute the tax using amount on line 26 and Tax Rate Ta          |                            |                  |                     | 27      |  |    | 00  |
| page 15 of the               | 28      | Tax from recapture of credits from Arizona Form 301, line 1      | 17                         |                  |                     | 28      |  |    | 00  |
| instructions                 | 29      | Subtotal of tax. Add lines 27 and 28                             |                            |                  |                     | 29      |  |    | 00  |
| IMPORTANT                    | 30      | Family income tax credit from worksheet on page 16               |                            | 30               | 00                  |         |  |    |     |
| Attach Federal<br>Schedule A | 31      | Credits from Arizona Form 301, line 31                           |                            | 31               | 00                  |         |  |    |     |
| or Telefile                  | 32      | Credit type. Enter form number of each credit claimed            | . 32   3                   | 3 3              | 1 1 1               |         |  |    |     |
| Worksheet                    |         | Total credit. Add lines 30 and 31                                |                            |                  |                     | 33      |  |    | 00  |
| if you itemized.             | 34      | Balance of tax. Subtract line 33 from line 29. If line 33 is m   | ore than line 29, enter ze | ro               |                     | 34      |  |    | 00  |
| Payments/                    | 35      | Arizona income tax withheld during 1997                          |                            | 35               | 00                  |         |  |    |     |
| Credits                      |         | Arizona estimated tax payments for 1997                          |                            |                  | 00                  |         |  |    |     |
| Oreuita                      | ı       | Amount paid with 1997 Arizona extension request (Form 20         |                            |                  | 00                  |         |  |    |     |
|                              |         | Property tax credit. Attach Arizona Form 140PTC and enter        |                            |                  | 00                  |         |  |    |     |
|                              |         | Total payments/credits. <i>Add lines 35 through 38</i>           |                            |                  |                     | 39      |  |    | 00  |
| Refund or                    | 40      | TAX DUE. If line 34 is larger than line 39, enter amount of it   | tax due. Skip lines 41 42  | and 43           |                     | 40      |  |    | 00  |
| Tax Due                      |         | OVERPAYMENT. If line 39 is larger than line 34, enter amount     |                            |                  |                     | 41      |  |    | 00  |
| Attach                       |         | Amount of line 41 to be applied to 1998 estimated tax            |                            |                  | 00                  | 41      |  |    | 100 |
| copy of                      | 42      | Balance of overpayment. <i>Subtract line 42 from line 41</i>     |                            |                  |                     | 43      |  |    | 00  |
| your Forms                   | 73      |  | Arizona Wildlife Fund      |                  |                     | 43      |  |    | 00  |
| W-2 and                      |         | Voluntary Arizona gifts to:                                      |                            | 44               | 00                  |         |  |    |     |
| 1099-R                       |         | Child Abuse Prevention 45 00                                     | Neighbors Helping Neig     |                  | 00                  |         |  |    |     |
| here.                        |         | Special Olympics 47 00   | Voluntary political gift   | 48               | 00                  |         |  |    |     |
| Attack                       |         | Check only one if making a political gift: 1 ☐ Democratic        |                            |                  |                     |         |  |    |     |
| Attach<br>check or           |         | Estimated payment penalty and interest                           |                            |                  | 00                  |         |  |    |     |
| money                        |         | Check applicable box(es). 1  Annualized/Other 2                  |                            |                  |                     |         |  |    |     |
| order on                     |         | MSA withdrawal penalty   |                            |                  | 00                  |         | ı  |    |     |
| top of any                   |         | Total of lines 44, 45, 46, 47, 48, 50 and 52                     |                            |                  |                     | 53      | <u></u>  |    | 00  |
| Forms W-2                    | ı       | REFUND. Subtract line 53 from line 43. If less than zero, e.     |                            |                  |                     | 54      |  |    | 00  |
| and 1099-R.                  | 55      | AMOUNT OWED. Add lines 40 and 53. Include social secu            | ırity number on payment .  |                  |                     | 55      | <u> </u>   |    | 00  |
| ADOR 06-0011 (97)            | )       |  |                            |                  |                     |         | DOR USE<br>ONLY                                  | 82 | _   |

| PART A                                | A1  | List children and other dependents. If more spa   |   |                    |            | No. of months                |  |
|---------------------------------------|-----|---|---|--------------------|------------|------------------------------|--|
| Dependents                            |     | First name Last name  | Social security number                        | r Relationship     | )          | lived in your hom<br>in 1997 |  |
| Do not list<br>yourself or<br>spouse. |     |   |   |                    |            |                              |  |
|                                       |     |   |   |                    |            |                              |  |
|                                       | A2  | Enter total number of persons listed in A1 here   | and on the front of this form, box 10.        | T                  | OTAL       | A2                           |  |
|                                       | A3  | Enter the names of the dependents listed above (1) The dependent's income was \$2,650 or mo (2) The dependent filed a joint federal return wi (3) You claimed the dependent under the Arizo | e<br>h his/her spouse                         |                    |            |                              |  |
| PART B                                | B4  | Non-Arizona municipal interest  |   |                    | B4         | (                            |  |
| Additions                             | B5  | Early withdrawal of Arizona Retirement System   | •   |                    | B5         | (                            |  |
| to Income                             | B6  | Ordinary income portion of lump-sum distribution  | •   |                    | B6         | (                            |  |
|                                       | B7  | Agricultural water conservation expenses  |   |                    | B7         | (                            |  |
|                                       | B8  | Other additions to income. See instructions and   |   |                    | B8         | (                            |  |
|                                       | B9  | Total. Add lines B4 through B8. Enter here and  |   |                    | B9         | (                            |  |
| PART C                                |     | Interest on U.S. obligations such as U.S. Saving  | •   |                    | C10<br>C11 | (                            |  |
| Subtractions                          |     | Exclusion for federal, Arizona state or local gov   |   |                    | C12        | (                            |  |
| from                                  |     | Arizona state lottery winnings included as incor  | 3.  |                    | C13        | (                            |  |
| Income                                |     | U.S. social security or Railroad Retirement Act<br>Agricultural crops contributed to Arizona charita  | C14   | (                  |            |                              |  |
|                                       |     | Alternative fuel vehicles and refueling equipmen  |   |                    | C15        | (                            |  |
|                                       |     | Certain wages of Native Americans   |   |                    | C16        | (                            |  |
|                                       |     | Income tax refund from other states   |   |                    | C17        | (                            |  |
|                                       |     | Other subtractions from income. See instruction   |   |                    | C18        | (                            |  |
|                                       |     | Total. Add lines C10 through C18. Enter here a  | •   |                    | C19        | (                            |  |
|                                       |     | Medical and dental expenses   |   | 20 00              |            |                              |  |
| PART D                                | D21 | Amount of MSA distributions used to pay qualif  |   |                    |            |                              |  |
|                                       |     | included on line D20  |   | 21 00              | 1          |                              |  |
| Adjustments                           |     | Medical expenses allowed to be taken as a fed   |   | 00                 |            |                              |  |
| o itemized                            |     | Add line D21 to line D22. Enter the result here   |   | 23 00              | 1          |                              |  |
| deductions                            |     | If line D20 is the same as or more than line D23  | `   | •                  | D24        | (                            |  |
| from federal<br>1040,                 |     | If line D23 is more than line D20, subtract line [  |   |                    | D25        | (                            |  |
| Schedule A                            | D26 | Wagering losses allowed as a federal itemized<br>Total gambling winnings included in your federal   |   | 26 00<br>27 00     | _          |                              |  |
| or Telefile                           | D27 | Authorized Arizona lottery subtraction from line  |   | 27 00<br>28 00     |            |                              |  |
| worksheet.                            | D29 | Maximum allowable gambling loss deduction. S  |   | 29 00              | _          |                              |  |
| Attach                                |     | If line D29 is less than line D26, <i>subtract line D.</i>  | <del></del>                                   |                    | D30        |                              |  |
| Schedule                              |     | If you are claiming the credit for property taxes   |   |                    |            |                              |  |
|                                       | 50. | amount of property taxes allowed as a federal i   | D31   | (                  |            |                              |  |
|                                       | D32 | Amounts allowed as a federal itemized deduction   |   |                    | D32        | (                            |  |
|                                       | D33 | Add the amounts on lines D25, D30, D31 and D  | 32  |                    | D33        | (                            |  |
|                                       | D34 | Total itemized deductions allowed to be taken of  | n federal return                              | 34 00              |            |                              |  |
|                                       | D35 | Enter the amount from line D24 above  | <u> </u>                                      | 35 00              |            |                              |  |
|                                       | D36 | Add lines D34 and D35   |   | 36 00              |            |                              |  |
|                                       | D37 | Enter the amount from line D33 above  | -   | 37 00              |            |                              |  |
|                                       | D38 | Adjusted itemized deductions. Subtract line D3  | trom line D36. Enter here and on the front of | this form, line 23 | D38        | (                            |  |

I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Your signature Occupation Date Please Sign Date Spouse's occupation Spouse's signature Here Firm's name (preparer's if self-employed) Preparer's signature Date Paid Preparer's Preparer's TIN Preparer's address Information